

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece,



Kenneth Nichols, Doctor
Autauga County Jail
136 North Court Street
Prattville, AL 36067

COMPLETE THIS SECTION ON DELIVERY

A. Signature Robert Jones ☐ Agent
☐ Addressee

B. Received by (Printed Name) Robert Jones C. Date of Delivery 10/31/06

any address different from item 1? ☒ Yes
enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from)

7005 1820 0002 3461 3875

PS Form 3811, February 2004

Domestic Return Receipt

102595-0